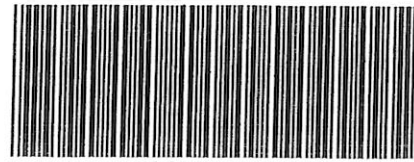




REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS



NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]

1663J294289

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in **BLACK INK** with **BLOCK LETTERS**. Please mark with the CORRECT box, where required. All fields are **COMPULSORY**. Incomplete applications and applications that are not legible may be considered invalid. (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

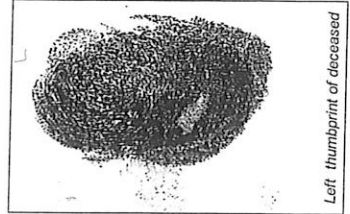
A. PARTICULARS OF THE DECEASED

Instructions: Section A to be filled out by **Authorised Medical Practitioner / Professional Nurse**, who is responsible for examining the body to determine the cause of death. The **Informant** must verify, and where necessary, complete in full the personal particulars and other information of the deceased below.

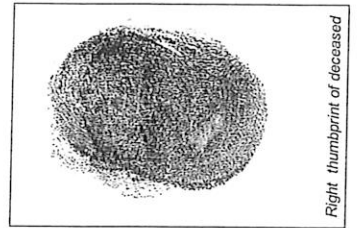
1. Was this a death or a stillbirth? 1.1 Death 1.2 Stillbirth

2. Identification of the deceased (tick one box):

- 2.1 The deceased was identified with an ID document / passport (if foreigner) produced by the family
- 2.2 Stillborn child
- 2.3 The features of the deceased do not seem to match the features on the ID document or passport of deceased
- 2.4 ID document or passport of the deceased was not presented. The deceased was identified through word of mouth
- 2.5 The deceased was already buried prior to the completion of this form
- 2.6 The deceased was unidentifiable:
 - 2.6.1 Burnt
 - 2.6.2 Decomposed
 - 2.6.3 Other (specify) _____
 - 2.6.4 DNA samples retrieved for identification purposes
 - 2.6.5 Dental records taken for identification purposes



Left thumbprint of deceased



Right thumbprint of deceased

3. Date of Death / stillbirth

2025 09 07

4.1 Place of Death/stillbirth (City/Town/Village)

UPINGTON

4.2 Province of Death/stillbirth

NC

5. Place of Registration of Death / stillbirth

UPINGTON

3. If death occurred within 24 hours after birth, number of hours alive

7. Home telephone no.

3. Identity No. (Passport No. if foreigner)

7111230607085

9. Age at last birthday if DOB is unknown

10. Date of Birth if there is no ID number

YYYYMMDD

11. Gender

11.1 Male

11.2 Female

11.3 Indeterminable

12. Surname

TEMBO

13. Previous / Maiden Surname

4. Forenames

WINNY

5. Usual* Residential Address: Street

IRICAMAKOU STREET

Town

ROSEDALE HARSHVALLEY

Province

NC

Postal code

8801

6. Citizenship

RSA

6.1 Place of Birth (City / Town / Village)

UPINGTON

6.2 Province of Birth

NC

7. Marital Status of the deceased

17.1 Single

17.2 Married

17.3 Widowed

17.4 Divorced

8. Education level of deceased, specify only the highest class completed)

None	Gr R	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8 Form 1	Gr 9 Form 2	Gr 10 Form 3 NTC 1	Gr 11 Form 4 NTC 2	Gr 12 Form 5 NTC 3	Univ Tech	Un-Known

(mark with a)

9. Usual occupation of deceased (type of work done during most of working life)

GENERAL WORKER

10. Type of business / industry: (mark with a)

1. Agriculture, hunting, forestry and fishing	2. Mining and quarrying	3. Manufacturing	4. Electricity, gas and water supply	5. Construction	6. Wholesale and retail trade; repair of motor vehicles, motor cycles and personal and household goods; hotels and restaurants	7. Transport, storage and communication	8. Financial intermediation, insurance, real estate and business services	9. Community, social and personal services	10. Private households, extraterritorial organisations, representatives of foreign governments & other activities not adequately defined

11. Was the deceased a regular** smoker five years ago? (mark with a)

21.1 Yes

21.2 No

21.3 Do not know

21.4 Not applicable (minor)

Where the deceased lived on most days. **Smoking tobacco on most days.

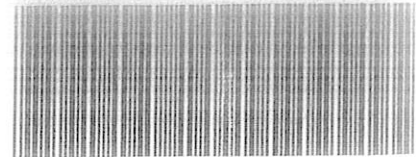


REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663J294289

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B. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

Instructions: Section B to be filled out by the same Medical Practitioner / Professional Nurse who completed Section A.

- 22.1 I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to Natural Causes
- 22.2 I, the undersigned, am not in a position to certify that the deceased died exclusively due to Natural Causes

Particulars of the Medical Practitioner / Professional Nurse who filled out the form:

23. HPCSA Registration No. MP 084 411 0

24. Surname CAFUATA

25. Forenames KALENGA

26. Name of Health Facility / Practice DHSH

27. Facility / Practice No. 56 00 278

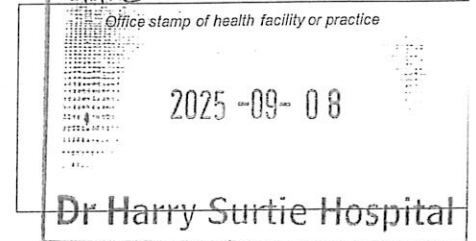
28. Business Address: Street CNR UPINGTON AND TURNER

Town UPINGTON Province NC

Telephone No. (Office) 054 332 9114 Postal Code 8800

I, the undersigned, hereby certify that I examined the body of the deceased named in section A and declare that the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated in paragraph 22 and in case this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).

Place signed DHSH UPINGTON
Date signed 20250908 Signature



C. CERTIFICATE BY MEDICAL PRACTITIONER/ FORENSIC PATHOLOGIST

Instructions: Section C to be filled out by Medical Practitioner or Forensic Pathologist, who is conducting medico-legal investigation of death.

29. I, the undersigned, hereby certify that a medico-legal investigation of death has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and the cause of death is:

- 30.1 Natural
- 30.2 Unnatural
- 30.3 Under investigation

31. Date of Post-mortem Y Y Y Y M M D D

32. Name of Medico-legal Mortuary

33. Mortuary No.

34. Mortuary Reference Number of Deceased

35. SAPS Case No.

36. Name of Police Station

36.1 HPCSA Registration No.

Particulars of the Medical Practitioner / Forensic Pathologist who filled out the form:

37. Surname

38. Forenames

39. Business Address: Street

Town

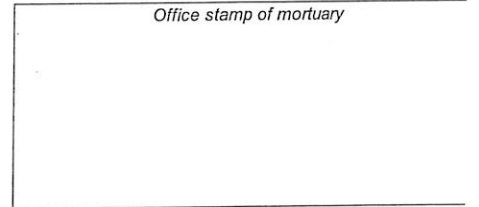
Province

Postal Code

Telephone No. (Office)

I, the undersigned, hereby certify that I examined the body of the deceased named in section A and the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated on paragraph 29 and in case this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992.)

Place signed
Date signed Y Y Y Y M M D D Signature



D. PARTICULARS OF INFORMANT

Instructions: Section D to be completed by informant. Informant is responsible for certifying the identity of the deceased.

40. Identity No. (Passport No. if foreigner) 81 09045263085

41. Date of Birth Y Y Y Y M M D D

42. Citizenship RSA

43. Surname LEGODI

44. Forenames CHRISTOVACK ROMEO

45. Residential Address: Street 18 KAMAKOY STREET

Town ROSEDALE HARSH VALLEY

Province NC Postal Code 8801

Telephone No. (Home) Cellphone No. 066061 9344

46. The Deceased is my: 46.1 Parent 46.2 Spouse 46.3 Child 46.4 Other, Specify mother in law



I, the undersigned, hereby certify that the identity of the deceased mentioned in section A is to the best of my knowledge and belief true and correct in case it is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992.)

Signature Legodi Date signed 20250908

Confirmation for Medical and Health use Only

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with [X] the CORRECT box, where required. All fields are COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid. (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)



1663J294289

FOLD TO THIS POINT

LD TO 3 POINT

This page must be sealed after completion to ensure confidentiality

ID No. (Passport No. if foreigner) 7111230607085 File no 23758634 Date 2025/09/08 DHA-1663 B Page 1 of 1

G. MEDICAL CERTIFICATE OF CAUSE OF DEATH

Instructions: Section G is to be filled out by Medical Practitioner / Professional Nurse / Forensic Pathologist, who has determined the cause of death

PARTICULARS OF DECEASED

67. Identity No. (Passport No. if foreigner) 7111230607085
68. Gender [X] 68.1 Male [] 68.2 Female [] 68.3 Indeterminable []
69. Surname TEMBO
70. Forenames WINNY
71. Population Group [X] 71.1 African [] 71.2 White [] 71.3 Indian/Asian [] 71.4 Coloured [] 71.5 Other (specify)
72. Place of Death [X] 72.1 Hospital/Inpatient [] 72.2 ER/Outpatient [] 72.3 DOA [] 72.4 Nursing Home [] 72.5 At home [] 72.6 Other (specify)
73. Name of Health Facility/Practice O'HARRY SURTHERLAND HOSPITAL
74. Facility Contact Telephone No. incl. Area Code 0542229114
75. Patient File No. 23758634
76. Contact Person at Facility: Surname HORN, Forenames WENSLA, Role/Rank ADMIN CLERK.

G.1 FOR DEATHS OCCURRING AFTER ONE WEEK OF BIRTH

Instructions: Section G.1 is to be completed for all deaths that occurred after one week of birth

77. CAUSES OF DEATH

Part 1 Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line
IMMEDIATE CAUSE (final disease or condition resulting in death) a) Acute Hypoxic Brain Injury
Sequentially list conditions, if any, leading to immediate cause. b) Acute Respiratory Distress Syndrome
Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death) c) SPS + PCP (pneumocystis carinii)
Part 2 Other significant conditions contributing to death but not resulting in underlying cause given in Part 1 d) Newly Diagnosed Advanced HIV Disease

Table with 2 columns: For office use only, ICD-10

78. If a female, was she pregnant at the time of death or up to 42 days prior to death? [X] 82.1 Yes [] 82.2 No

79. Method used to ascertain the cause of death (tick all that apply):

[] 79.1 Autopsy [] 79.2 Post mortem examination [X] 79.3 Opinion of attending medical practitioner [] 79.4 Opinion of attending medical practitioner on duty [] 79.5 Opinion of registered professional nurse [] 79.6 Interview of family member [] 79.7 Other (specify)

G.2 FOR STILLBIRTHS AND DEATHS OCCURRING WITHIN ONE WEEK OF BIRTH (PERINATAL DEATHS)

Instructions: Section G.2 is to be completed for all stillbirths and deaths that occurred within one week of birth (perinatal deaths)

80. Identity Number
81. Date of Birth YYY YMM DD
82. Age of last birthday/ DOB unknown
83. Number of previous pregnancies resulting in: 83.1 Live births, 83.2 Stillbirths, 83.3 Abortions
84. Outcome of last previous pregnancy (tick one): 84.1 Live birth, 84.2 Stillbirth, 84.3 Abortion
85. Date of last previous delivery YYY YMM DD
86. First day of last menstrual period YYY YMM DD
Or, if unknown, estimated duration of pregnancy (in completed weeks)
87. Method of delivery: 87.1 Spontaneous, 87.2 Forceps delivery, 87.3 Forceps and rotation, 87.4 Vacuum extractor, 87.5 Caesarean section, 87.6 Other (specify)
88. Antenatal care two or more visits: 88.1 Yes, 88.2 No, 88.3 Unknown
89. Type of death: 89.1 Stillbirth, 89.2 Live birth
90. Birth weight (in grams)
91. This birth was: 91.1 Single birth, 91.2 First twin, 91.3 Second twin, 91.4 Other multiple
92. If still born, heartbeat ceased: 92.1 Before labour, 92.2 During labour but before delivery, 92.3 Before delivery but not known whether before or during labour
93. If death occurred within 24 hours after birth, number of hours alive
94. Attendant at birth: 94.1 Physician, 94.2 Trained midwife, 94.3 Other trained person (specify), 94.4 Other (specify)

95. CAUSES OF DEATH

a. Main disease or conditions in foetus or infant
b. Other diseases or conditions in foetus or infant
c. Main maternal disease or condition affecting foetus or infant
d. Other maternal diseases or conditions affecting foetus or infant
e. Other relevant circumstances

96. Autopsy information ([X])

[] 96.1 Certified causes of death has been confirmed by autopsy [] 96.2 Autopsy information may be available later [] 96.3 Autopsy not performed

GREENLINE

GREENLINE



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

Annexure 16
BURIAL ORDER
[Births and Deaths Registration Act 51 of 1992]



AA4711094

[Regulation 16]

The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with the CORRECT box, where required by the HOME AFFAIRS OFFICIAL

Date of Issue: 2025 09 08
Serial number of DHA-1663: 5294289 Bar-code number of DHA-1663: 1663 5294289

A. PARTICULARS OF DECEASED

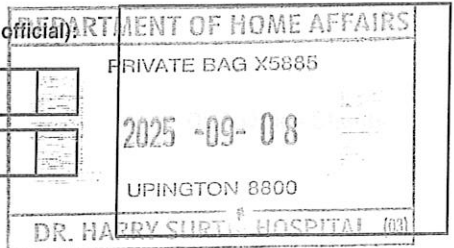
Identity number: 711123 0607 085 Date of birth: 1971 11 23
Passport number (if foreigner): Date of death: 2025 09 07
Citizenship: SA Sex: Female
Surname: Tembalo
Previous or Maiden surname:
Forenames: Winnie
Place of death: City/Town: Upington Province: NC
Place of burial: City/Town: Upington Province: NC
Cause of death: Natural Unnatural Under investigation

B. AUTHORITY FOR BURIAL OF CORPSE

This certificate grants the authority for the burial of the corpse from the magisterial district in which the death occurred or at the magisterial district where the burial will take place.

C. FOR OFFICIAL USE ONLY

Registration of death approved and burial order issued: DHA-1663 received by (particulars of DHA official):
Surname: Ntswagae Forenames: Caroline Personal No.: 22874402
Documents included with this notice: Copy of the deceased's ID/passport Copy of ID document/passport of the informant
DHA-1663 was submitted by: Informant Funeral Undertaker
Identity Number of Recipient: Identity number: 810904 5263 085
Funeral Undertaker: Designation number:
Signature of recipient: [Signature] Date received: 2025 09 08





home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

I 9592646

83/DHA - 5

PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

ABRIDGED
DEATH CERTIFICATE

IDENTITY NUMBER: 711123 0607 08 5
SURNAME: TEMBO
FIRST NAMES: WINNY
DATE OF BIRTH: 1971-11-23
GENDER: FEMALE
MARITAL STATUS: NEVER MARRIED
DATE OF DEATH: 2025-09-07
PLACE OF DEATH: UPINGTON
CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2025-09-08

ISSUED BY: YDC257

Upington
DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS
PRIVATE BAG X5885
2025-09-08
UPINGTON 8300
DR. HARRY SURTIL HOSPITAL (03)



I CERTIFY THAT THIS IS A TRUE REPRODUCTION
(COPY) OF THE ORIGINAL DOCUMENT WHICH WAS
HANDLED TO ME FOR AUTHENTICATION. I FURTHER
CERTIFY THAT, FROM MY OBSERVATION, AN AMENDMENT
OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

SIGNATURE: *K I de Jager*

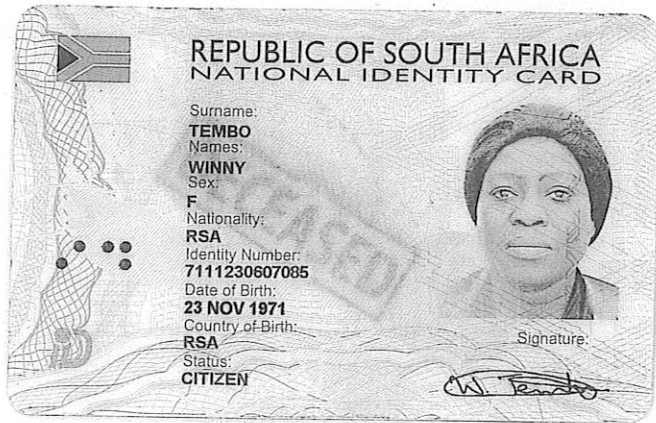
REF NO: 9182 GORDONIA

NAME IN PRINT: K I DE JAGER



2025-09-08

MARTIN'S FUNERALS
53 SCOTT STR, UPINGTON
UPT2005/10
054 331 3603



I CERTIFY THAT THIS IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT, FROM MY OBSERVATION, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

SIGNATURE: *[Signature]*

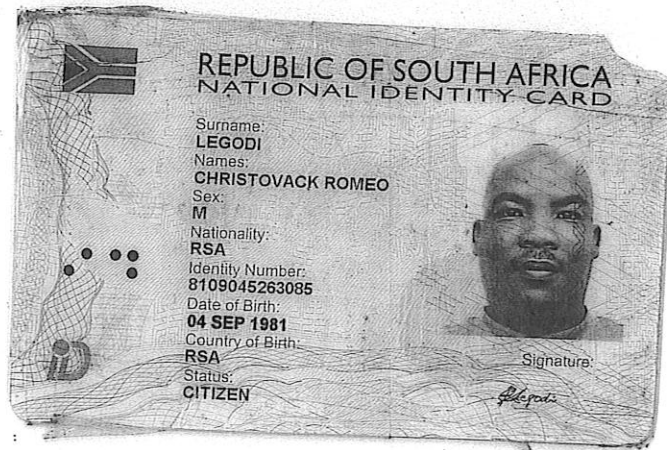
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