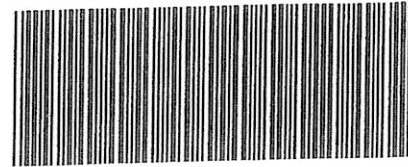




REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

**NOTICE OF DEATH / STILLBIRTH**  
(Births and Deaths Registration Act 51 of 1992)  
[Regulations 11 and 14]



1663I460436

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

3. Date of Death / stillbirth

20250908

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

RIETFONTEIN

4.2 Province of Death/stillbirth

NORTHERN CAPE

5. Place of Registration of Death / stillbirth

UPINGTON

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

7. Home telephone no.

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

6812155501085

9. Age at last birthday if DOB is unknown

10. Date of Birth if there is no ID number

19681215

11. Gender

11.1 Male

11.2 Female

11.3 Indeterminable

12. Surname

BENS

13. Previous / Maiden Surname

14. Forenames

JAN

15. Usual\* Residential Address: Street

MIODEL WEG 653

Town

RIETFONTEIN

Province

NORTHERN CAPE

Postal code 8811

16. Citizenship

RSA

16.1 Place of Birth (City / Town / Village) or Country of Birth, if abroad

FERSTERUS

16.2 Province of Birth

NORTHERN CAPE

17. Marital Status of the deceased

17.1 Single

17.2 Married

17.3 Widowed

17.4 Divorced

18. 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
									CP				✓		

(mark with a )

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

SECURITY

20. 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, extritorial organisations, representatives of foreign governments & other activities not adequately defined

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

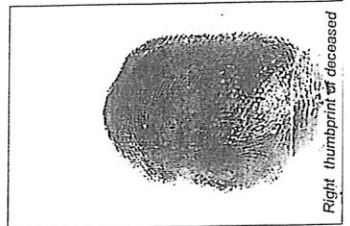
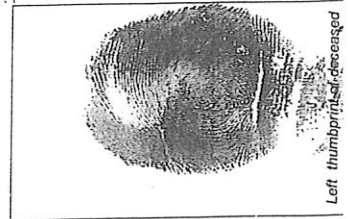
21.1 Yes

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.





NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663I460436

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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.

14803634

24. Surname

PADMAKER

25. Forenames

GLADYS

26. Name of Health Facility / Practice

RIETFontein Clinic

27. Facility / Practice No.

5600278

28. Business Address: Street

Clohenrypudse and Daan Swanepoel 113

Town

RIETFontein

Province

NORTHERN CAPE

Telephone No. (Office)

0545310016

Postal Code

8811

Office stamp of health facility or practice

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

RIETFontein

Date signed

20250909

Signature

*[Signature]*

DEPARTMENT OF HEALTH

2025-09-09

ZF MGCAWU DISTRICT

RIETFontein CLINIC

**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

20250909

32. Name of Medico-legal Mortuary

33. Mortuary No.

34. Mortuary Reference Number of Deceased

35. SAPS Case No.

36. Name of Police Station

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

36.1 HPCSA Registration No.

37. Surname

38. Forenames

39. Business Address: Street

Town

Province

Postal Code

Telephone No. (Office)

Office stamp of mortuary

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

20250909

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)

6201055241085

41. Date of Birth

19620105

42. Citizenship

RSA

43. Surname

BENS

44. Forenames

DUVUNAR ABRAHAM

45. Residential Address: Street

MIDDELWEG 653

Town

RIETFontein

Province

NORTHERN CAPE

Postal Code

8811

Telephone No. (Home)

Cellphone No.

0655661049

46. The Deceased is my:

46.1 Parent

46.2 Spouse

46.3 Child

46.4 Other, Specify

BROTHER

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

*[Signature]*

Date signed

20250909



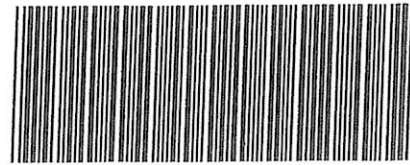


REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663I460436

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)

**E. PARTICULARS OF FUNERAL UNDERTAKER**

Instructions: Section E to be completed by Funeral Undertaker. The undertaker must take his or her finger print, the finger print of the deceased and the informant. Authorised Funeral Undertaker or Informant may submit the completed form to the nearest Home Affairs office.

47. Name of Funeral Parlour REKATHUSA FUNERAL PARLOUR

48. DHA Designation No. KY105 49. Company Reg. No. 1997083590/23

50. SARS Reg. No. (Income tax reference no.) 4670203381

**Details of Funeral Undertaker or Authorised Representative**

51. Identity No. (Passport No. if foreigner) 9501111073084

52. Surname MONGAGEMYAME

53. Forenames DIMAKATSO

54. Business Address  
Street LOWW 87R ST  
Town UPINGTON  
Province NC Postal Code

Telephone No. (Office) 0543321008 Cellphone No.

55. Date of collection of corpse 20250908 56. Date of Cremation (if applicable) Y Y Y Y M M D D

57. Place of Burial (City / Town / Village) RIETfontein Province

58. Date of Burial 20250920 59. Grave No. (if available)



Left thumbprint of funeral undertaker

Place signed Upington

Date signed 20250910 Signature [Signature]

**Name of person who collected the deceased:**

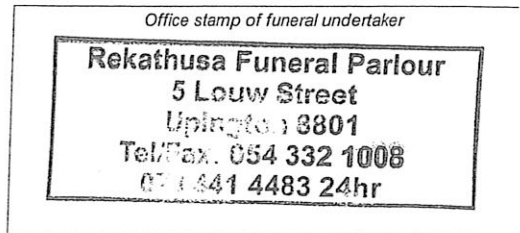
60. Identity No. (Passport No. if foreigner) 9501111073084

61. Surname MONGAGEMYAME

62. Forenames DIMAKATSO

Place signed Upington

63. Date signed 20250910 Signature [Signature]



**F. FOR OFFICIAL USE ONLY**

Registration of death approved, DHA-1663 received by (particulars of DHA official):

4. Surname

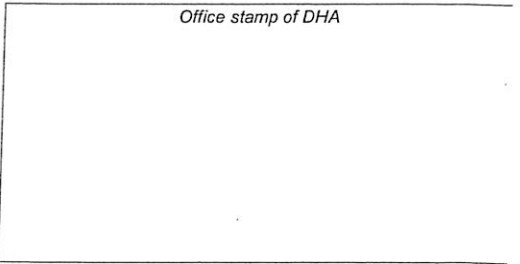
5. Forenames

6. Personal No.

Documents included with this notice:  Copy of the deceased's ID  Copy of ID document of the informant

DHA - 6 (if applicable)  DHA - 1680 (if applicable)

DHA-1663 was submitted by:  Informant  Funeral Undertaker



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)



1663I460436

FOLD TO THIS POINT

FOLD TO THIS POINT

This page must be sealed after completion to ensure confidentiality

ID No. (Passport No. if foreigner) 6812155501085 File no 7116389 Date 9.9.2025 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) 6812155501085
68. Gender [X] 68.1 Male [ ] 68.2 Female [ ] 68.3 Indeterminable
69. Surname BENS
70. Forenames JAN
71. Population Group [ ] 71.1 African [ ] 71.2 White [ ] 71.3 Indian/Asian [ ] [X] 71.4 Coloured [ ] 71.5 Other (specify)
72. Place of Death [ ] 72.1 Hospital/Inpatient [ ] 72.2 ER/Outpatient [ ] 72.3 DOA [ ] [ ] 72.4 Nursing Home [ ] [X] 72.5 At home [ ] 72.6 Other (specify)
73. Name of Health Facility/Practice RIETPONTAIN CLINIC
74. Facility Contact Telephone No. incl. Area Code 0545310016
75. Patient File No. 7-16389
76. Contact Person at Facility: Surname PRADMAKER, Forenames GLADYS, Role/Rank REGISTERED NURSE

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) GENERAL WEAKNESS Due to (or as a consequence of) 1 month
Sequentially list conditions, if any, leading to immediate cause. b) HUMAN IMMUNODEFICIENCY Due to (or as a consequence of)
Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death) c) Due to (or as a consequence of)
d)
Part 2 Other significant conditions contributing to death but not resulting in underlying cause given in Part 1
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 [ ] 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)

Mother Child
80. Identity Number
81. Date of Birth YYMMDD
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 YYMMDD
86. First day of last menstrual period YYMMDD
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



REPUBLIC OF SOUTH AFRICA  
NATIONAL IDENTITY CARD

Surname:  
**BENS**  
Names:  
**JAN**  
Sex:  
**M**  
Nationality:  
**RSA**  
Identity Number:  
**6812155501085**  
Date of Birth:  
**15 DEC 1968**  
Country of Birth:  
**RSA**  
Status:  
**CITIZEN**

DECEASED



Signature:



SUID-AFRIKAANSE POLISIEDIENS  
STABIEKE VELVOORSOEK  
UPINGTON  
2025-09-10  
UPINGTON  
STATION COMMANDER  
SOUTH AFRICAN POLICE SERVICE

Handwritten notes and stamps on the back of the ID card, including a signature and the word 'DECEASED' written vertically.

Conditions:

Date of Issue  
03 JUL 2019

This card has been issued by the  
Department of Home Affairs in terms of the  
Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs  
For enquiry or verification purposes contact 0800 60 11 90

111024120



DECEASED



# home affairs

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

I 9593397

83/DHA - 5

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

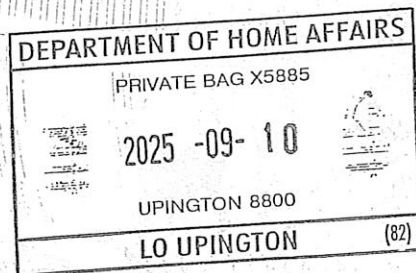
## ABRIDGED DEATH CERTIFICATE

IDENTITY NUMBER: 681215 5501 08 5  
 SURNAME: BENS  
 FIRST NAMES: JAN  
 DATE OF BIRTH: 1968-12-15  
 GENDER: MALE  
 MARITAL STATUS: NEVER MARRIED  
 DATE OF DEATH: 2025-09-08  
 PLACE OF DEATH: RIETFontein  
 CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2025-09-10

ISSUED BY: YDC533

*Pf. RB LO Upington*  
 DIRECTOR-GENERAL: HOME AFFAIRS



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: \_\_\_\_\_

REF NO: 9182 GORDONIA  
 NAME IN PRINT: K I DE JAGER



2025 -09- 10

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





*We serve with dignity and pride!*

AN AUTHORISED FINANCIAL SERVICES PROVIDER (FSP13413)

## CONFIRMATION LETTER

WE HEREBY DECLARE THAT THE CORPSE OF THE LATE MR/MRS

JAN BENS

WITH ID NUMBER 681215 5501 085 WAS ADMITTED AT  
OUR MORTUARY AND WILL BE BURIED

AT: RIETfontein

ON: 20/09/2028

REKATHUSA MANAGEMENT

Rekathusa Funeral Parlour  
5 Louw Street  
Upington 8801  
Tel/Fax: 054 332 1008  
078 441 4433 24hr

34 Steward Street, KURUMAN • Tel: 053 712 0142 • Fax: 053 712 2640  
E-mail: admin@rekathusa.co.za • www.rekathusa.co.za

**ASSUPOL**  
SERVE THOSE WHO SERVED BEST

Underwritten by Assupol Life Ltd

Administered by Econo Group Schemes

**Econo**

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTRIERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRES/ERANDERING, wat in die sakkie agter in die identiteitsdokument is gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

I.D. No. 700426 5187 08 3



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME

ESTERHUIZEN

VOORNAME/FORENAMES

PIET PETRUS

GEBORTEDISTRIK OF -LAND/  
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBORTEDATUM/DATE OF BIRTH 1970-04-26



DATUM UITGEREIK  
DATE ISSUED

1987-01-21

Die Suid-Afrikaanse Republiek  
Die Republiek van Suid-Afrika  
The Republic of South Africa  
The Republic of Suid-Afrika  
Binnelandse Sake

Issued by authority of the  
Director-General: Home Affairs



2025 -09- 10

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:

REF NO: 9182 GORDONIA

NAME IN PRINT: K I DE JAGER