

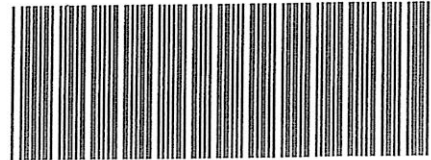


REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



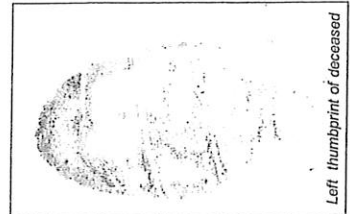
16631047269

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 10 20

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

4.2 Province of Death/stillbirth: NORTHWEST

5. Place of Registration of Death / stillbirth: UPTOWN

6. If death occurred within 24 hours after birth, number of hours alive: [] 7. Home telephone no.: []

8. Identity No. (Passport No. if foreigner): 6108210827080 9. Age at last birthday if DOB is unknown: []

10. Date of Birth if there is no ID number: 19610820 11. Gender: 11.1 Male 11.2 Female 11.3 Indeterminable

12. Surname: APOLIS

13. Previous / Maiden Surname: []

14. Forenames: MARIA

15. Usual* Residential Address: Street: APOLIS STREET 1114, Town: UPTOWN, Province: NORTHWEST, Postal code: 8800

16. Citizenship: DA

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

16.2 Province of Birth: NORTHWEST

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) (mark with a)

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
								<input checked="" type="checkbox"/>							

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

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, 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
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21. Was the deceased a regular* smoker five years ago? (mark with a in Amendment 24) Yes No 21.2 No 21.4 Not applicable (minor)

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

I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I HAVE CHECKED THAT NO CHANGE WAS MADE TO THE ORIGINAL DOCUMENT.

Handtekening/signature: [Signature]

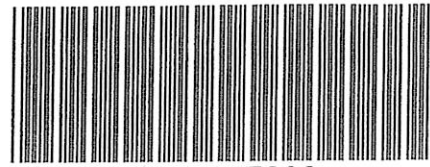
MAGSNUMMER / FORCE NUMBER: 210006 RANG / RANK: C21

NAAM IN DRUKSKRIF / NAME IN PRINT: C B De Wee

SUID-AFRIKAANSE POLISDIEN / STASIEBEVELOERDER / UPINGTON

UPINGTON STATION COMMANDER SOUTH AFRICAN POLICE SERVICE

2025 10 20



NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]

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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. 166455406

24. Surname VAN DER MERWE

25. Forenames MARIKE

26. Name of Health Facility / Practice KALKSLOOT PHU

27. Facility / Practice No.

28. Business Address: Street 166 Koningstraat 1160

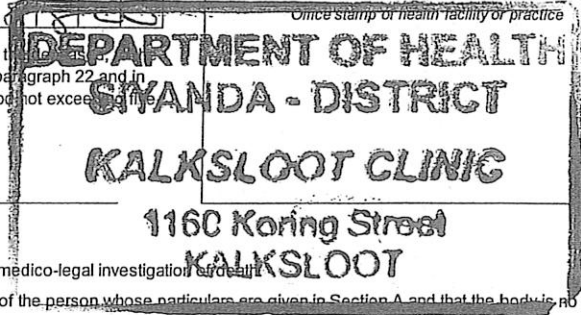
Town KALKSLOOT Province NORNBHAYO

Telephone No. (Office) 0544913415 Postal Code 2320

I, the undersigned, hereby certify that I examined the body of the deceased named in section A and declare that 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 Kalkslot
Date signed 2025/10/20

Signature [Handwritten Signature]



Marika van der Merwe
Kalkslot Operational Manager
Clinic Nurse Practitioner
SANC: 14455406

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

34. Mortuary Reference Number of Deceased

35. SAPS Case No.

SUID-AFRIKAANSE POLISIEDIENS
STASIEBEVELVOERDER
33. Mortuary UPINGTON

2025-10-20

36. Name of Police Station UPINGTON

36.1 HPCSA Registration No.

STATION COMMANDER

SOUTH AFRICAN POLICE SERVICE

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

37. Surname [Handwritten]

38. Forenames [Handwritten]

39. Business Address: Street [Handwritten]

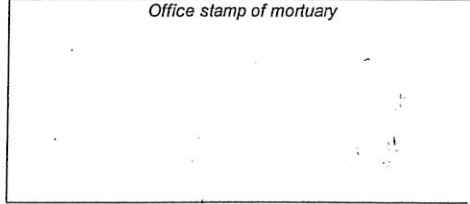
Town [Handwritten] Province [Handwritten] Postal Code [Handwritten]

Telephone No. (Office) [Handwritten]

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 [Handwritten]
Date signed Y Y Y Y M M D D

Signature [Handwritten 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) 7410260137082

41. Date of Birth 19741026

42. Citizenship LIYA

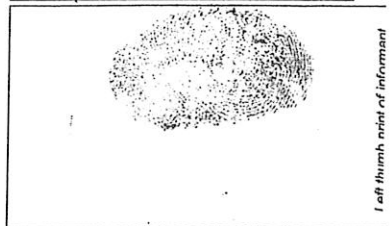
43. Surname MALGAS

44. Forenames DINAH

45. Residential Address: Street SPRUIEGOS STRAAT 1114

Town KALKSLOOT Province NORNBHAYO Postal Code

Telephone No. (Home) Cellphone No. 078065542



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

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 D Malgas

Date signed 2025/10/20

Kalkslot

I left thumb print of informant

NOTICE OF DEATH / STILLBIRTH

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)



16631047269

FOLD TO THIS POINT

FOLD TO THIS POINT

This page must be sealed after completion to ensure confidentiality

ID No. (Passport No. if foreigner) 6108210827080 File no. A33 Date 10/10/21 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) 6108210827080
68. Gender 68.1 Male 68.2 Female 68.3 Indeterminable
69. Surname APPOLIS
70. Forenames MARILIA
71. Population Group 71.1 African 71.2 White 71.3 Indian/Asian 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 72.5 At Home 72.6 Other (specify)
73. Name of Health Facility/Practice ICALLES COURT CLINIC
74. Facility Contact Telephone No. incl. Area Code 054 491 3415
75. Patient File No. A33
76. Contact Person at Facility: Surname VAN DIETMICKRE
Forenames MARILIE
Role/Rank District Health Manager

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) Aangeborene agtigheid
Due to (or as a consequence of)
Sequentially list conditions, if any, leading to immediate cause. b) Hyperemie pt.
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)

Approximate Interval between onset and death (Days /Months /Years) 6/12 12 years old

For office use only
ICD-10

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

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

Child
89. Type of death:
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)

AFRIKAANSE POLISIEDIENS
STASIEBEVELVOERDER
UPINGTON
2025-10-20
UPINGTON
STATION COMMANDER
SOUTH AFRICAN POLICE SERVICE

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95. CAUSES OF DEATH
HANDTEKENING/SIGNATURE
MAGSNOMMER 2100000 RANG CPT
FORCE NUMBER RANK
NAAM IN DRUKSKRIEF 2100000
96. Autopsy information (X)
96.1 Certified causes of death has been confirmed by autopsy
96.3 Autopsy not performed



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

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



AA4711348

[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 10 20
Serial number of DHA-1663 I047269 Bar-code number of DHA-1663 1663I047269

A. PARTICULARS OF DECEASED

Identity number 610821 0827 080 Date of birth 1961 08 21
Passport number (if foreigner) 7 Date of death 2025 10 17
Citizenship SA Sex FEMALE
Surname APPOLIS
Previous or Maiden surname
Forenames MARIA
Place of death: City/Town KALKSLOOT Province WC
Place of burial: City/Town KALKSLOOT Province WC
Cause of death Natural Unnatural Under-investigation

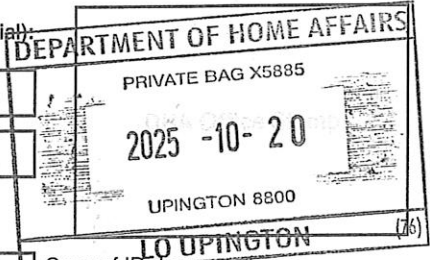
Handwritten signature and official stamp with text: EK SERTIFISEER DAT HIERONTOOR 'KRIJF' IS VAN DIE OORSPRONKLIKE DOKUMENT WAT AAN MY VIR WAT... WYSING OF VERANDERING OP DIE OORSPRONKLIKE DOKUMENT AANGEBRING IS NIE... I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT, FROM MY OBSERVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

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 TIEBUS
Forenames LYNETTE MILLICENT
Persal No. 11825693
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 741026 0137 082
If Funeral Undertaker: Designation number
Signature of recipient Malgas Date received 2025 10 20





home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

I 9595474

83/DHA - 5

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

ABRIDGED

DEATH CERTIFICATE

IDENTITY NUMBER: 610821 0827 08 0
 SURNAME: APPOLIS
 FIRST NAMES: MARIA
 DATE OF BIRTH: 1961-08-21
 GENDER: FEMALE
 MARITAL STATUS: NEVER MARRIED
 DATE OF DEATH: 2025-10-17
 PLACE OF DEATH: KALKSLOOT
 CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2025-10-20

ISSUED BY: YDC253

pp. E. LO Upington
 DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS
PRIVATE BAG X5885
2025 -10- 20
UPINGTON 8800
LO UPINGTON (76)



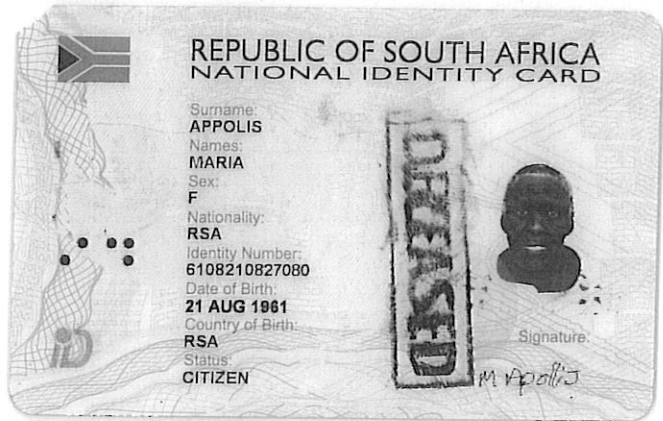
2025 -10- 20

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

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 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 -10- 20


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054 331 3603

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SIGNATURE: *[Signature]*

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




REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
APPOLUS
 Names:
MARIA
 Sex:
F
 Nationality:
RSA
 Identity Number:
5511200163088
 Date of Birth:
20 NOV 1955
 Country of Birth:
RSA
 Status:
CITIZEN


 Signature:
M. Appolus



2025 -10- 20

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
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 OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

SIGNATURE: _____

REF NO: 9 1 8 2 GORDONIA

NAME IN PRINT: K I DE JAGER

Conditions: _____ Date of Issue: **02 MAR 2018**

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 80


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