



1663J294429

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]

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

20250930

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

UPINGTON

4.2 Province of Death/stillbirth

NC

5. Place of Registration of Death / stillbirth

DR HARRY SURTLE

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

7. Home telephone no.

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

6007220119084

9. Age at last birthday if DOB is unknown

10. Date of Birth if there is no ID number

19600722

11. Gender

11.1 Male

11.2 Female

11.3 Indeterminable

12. Surname

BOK

13. Previous / Maiden Surname

BASSON

14. Forenames

KATRINA

15. Usual* Residential Address: Street

TUGELARIVIER 10

Town

ROSEBALE

Province

NC

Postal code

8801

16. Citizenship

RSA

16.1 Place of Birth (City / Town / Village)

UPINGTON

or Country of Birth, if abroad

16.2 Province of Birth

NC

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

(mark with a)

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

PENSIONER

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

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

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)

HANDTEKENING/SIGNATURE

MAGSNOMMER

FORCE NUMBER

RANG

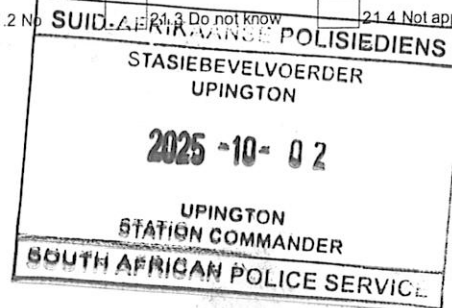
RANK

NAAM IN DRUKSKRIF

NAME IN PRINT

2025-09-30 DT

John van Buren





NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



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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. R7105 49. Company Reg. No. 1997053392/23

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 MONGAGEMYANE

53. Forenames DI MARATSO

54. Business Address Street LOWW STR 5

Town UPINGTON

Province NC Postal Code

Telephone No. (Office) 0543321008 Cellphone No.

55. Date of collection of corpse 20250930 56. Date of Cremation (if applicable) Y Y Y Y M M D D

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

58. Date of Burial 20251011 59. Grave No. (if available)



Left thumbprint of funeral undertaker

Place signed Upington

Date signed 20250930 Signature [Signature]

Name of person who collected the deceased:

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

61. Surname MONGAGEMYANE

62. Forenames DI MARATSO

Place signed Upington

63. Date signed 20250930 Signature [Signature]



F. FOR OFFICIAL USE ONLY

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

64. Surname

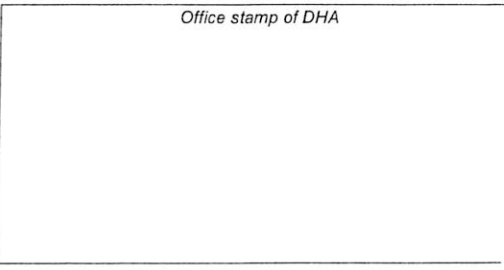
65. Forenames

66. Persal 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



EK SERTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDRUK (AFSKRIF) IS VAN DIE OORSPRONKLIKE DOKUMENT WAT AAN MY VIR WAARNEMING VOORGELÉ IS. EK SERTIFISEER VERDER DAT, VOLGENS MY WAARNEMINGS DAAR NIE 'N WYSGING 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.

[Signature]
ANDTEKENING/SIGNATURE

MAGSNOMMER 2011113 RANG DIT
FORCE NUMBER..... RANK.....

NAAM IN DRUKSKRIF JOHANNES BRITTON
NAME IN PRINT.....





FOLD TO THIS POINT

FOLD TO THIS POINT

This page must be sealed after completion to ensure confidentiality

ID No. (Passport No. if foreigner) 6007220119084 File no 23686728 Date 25/09/30 **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) 6007220119084

68. Gender 68.1 Male 68.2 Female 68.3 Indeterminable

69. Surname BOEK

70. Forenames KATRINA

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 DR HARRY SURTIE

74. Facility Contact Telephone No. incl. Area Code 0543329113

75. Patient File No. 23686728

76. Contact Person at Facility: Surname MAHONIE
 Forenames JEROME
 Role/Rank WARD 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) ESRD
Due to (or as a consequence of)

Sequentially list conditions, if any, leading to immediate cause.

b) HPT
Due to (or as a consequence of)

Enter **UNDERLYING CAUSE** last (Disease or injury that initiated events resulting in death)

c) DM2
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

Approximate interval between onset and death (Days / Months / Years)

9 months

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? () 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 _____	89. Type of death: <input type="checkbox"/> 89.1 Stillbirth <input type="checkbox"/> 89.2 Birth
81. Date of Birth <u>Y Y Y Y M M D D</u>	90. Birth weight (in grams) _____
82. Age of last birthday/ DOB known _____	91. This birth was: <input type="checkbox"/> 91.1 Single birth <input type="checkbox"/> 91.2 First twin <input type="checkbox"/> 91.3 Second twin <input type="checkbox"/> 91.4 Other multiple
83. Number of previous pregnancies resulting in: _____	92. If still born, heartbeat ceased: <input type="checkbox"/> 92.1 Before labour <input type="checkbox"/> 92.2 During labour but before delivery <input type="checkbox"/> 92.3 Before delivery but not known whether before or during labour
<input type="checkbox"/> 83.1 Live births <input type="checkbox"/> 83.2 Stillbirths <input type="checkbox"/> 83.3 Abortions	93. If death occurred within 24 hours after birth, number of hours alive _____
84. Outcome of last previous pregnancy (tick one): <input type="checkbox"/> 84.1 Live birth <input type="checkbox"/> 84.2 Stillbirth <input type="checkbox"/> 84.3 Abortion	94. Attendant at birth: <input type="checkbox"/> 94.1 Physician <input type="checkbox"/> 94.2 Trained midwife <input type="checkbox"/> 94.3 Other trained person (specify) _____ <input type="checkbox"/> 94.4 Other (specify) _____
85. Date of last previous delivery <u>Y Y Y Y M M D D</u>	95. CAUSES OF DEATH
86. First day of last menstrual period <u>Y Y Y Y M M D D</u>	a. Main disease or conditions in foetus or infant _____
Or, if unknown, estimated duration of pregnancy (in completed weeks) _____	b. Other diseases or conditions in foetus or infant _____
87. Method of delivery: <input type="checkbox"/> 87.1 Spontaneous <input type="checkbox"/> 87.2 Forceps delivery <input type="checkbox"/> 87.3 Forceps and rotation <input type="checkbox"/> 87.4 Vacuum extraction <input type="checkbox"/> 87.5 Caesarean section <input type="checkbox"/> 87.6 Other (specify) _____	c. Main maternal disease or condition affecting foetus or infant _____
88. Antenatal care two or more visits: <input type="checkbox"/> 88.1 Yes <input type="checkbox"/> 88.2 No <input type="checkbox"/> 88.3 Unknown	d. Other maternal diseases or conditions affecting foetus or infant _____
96. Autopsy information (<input checked="" type="checkbox"/>)	e. Other relevant circumstances _____
<input type="checkbox"/> 96.1 Certified causes of death has been confirmed by autopsy	<input type="checkbox"/> 96.2 Autopsy (formal) may be available later
<input type="checkbox"/> 96.3 Autopsy not performed	

SUID-AFRIKAANSE POLISIEDIENS
STASIEVELDORDER
UPINGTON
2025-10-02
UPINGTON
STATION COMMANDER
SOUTH AFRICAN POLICE SERVICE

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

95. CAUSES OF DEATH

.....
 HANDWRITING/SIGNATURE
 RANG HANK DE

MAGNUMMER 710-111-3
 FORCES NUMBER

NAAM IN DRUKSKRIF Johnes M. D. B. B.
 NAME IN PRINT

GLUE LINE

GLUE LINE

GLUE LINE

ER SEKERTSEER DAT HERDIE DOKUMENT 'N WARE AFDRUK (AFSKRIF) IS VAN
 DIE OORSPRONKLIKE DOKUMENT WAT AAN MY VIR WAARNEEMING VOORGELE
 IS. EK CERTIFISEER VERDER DAT, VOLGENS MY WAARNEEMING DAAR NIE 'N
 WYSIGING OF AANWYKING OP DIE OORSPRONKLIKE DOKUMENT AANGE-
 BRAG IS. IT IS A TRUE COPY OF THE ORIGINAL DOCUMENT. I
 CERTIFY THAT THIS DOCUMENT IS A TRUE COPY OF THE ORIGINAL DOCUMENT. I
 MAKE NO OBSERVATIONS, AN AMENDMENT OR A
 CORRECTION TO THE ORIGINAL DOCUMENT.

Handtekening: [Signature]

MAGSNO. 2025-10-02 RANG RANK [D15]

FORM IN DRUKSKRIE

SUID-AFRIKAANSE POLISIEDIENS
 STASIEBEVELVOERDER
 REPUBLIC OF SOUTH AFRICA UPINGTON
 DEPARTMENT OF HOME AFFAIRS
 2025-10-02
 UPINGTON STATION COMMAND
 SOUTH AFRICAN POLICE SERVICE AA4711225

Annexure 16
BURIAL ORDER
 (Births and Deaths Registration Act of 1992)

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 02
 Serial number of DHA-1663: 3294429 Bar-code number of DHA-1663: 16633294429

A. PARTICULARS OF DECEASED

Identity number: 600722 0119 084 Date of birth: 1960 07 22
 Passport number (if foreigner): [] Date of death: 2025 09 30
 Citizenship: RSA Sex: Female
 Surname: BOIK
 Previous or Maiden surname: BAEGON
 Forenames: KATRINA
 Place of death: City/Town: UPINGTON Province: NCP
 Place of burial: City/Town: ROSEDALE Province: NCP
 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: VAN ROOY
 Forenames: UNOHE
 Persal No.: 5276874

DEPARTMENT OF HOME AFFAIRS
 PRIVATE BAG X5885
 2025 -10- 02
 UPINGTON 8800
 LO UPINGTON (76)

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 550317 5157 088
 If Funeral Undertaker: Designation number []
 Signature of recipient: [Signature] Date received: 2025 10 02



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

I 9594318

83/DHA - 5

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

IDNO. HUSBAND: 550317 5157 08 8
SURNAME: BOK

FIRST NAMES: ABRAHAM

DATE OF BIRTH: 1955-03-17

IDNO. WIFE: 600722 0119 08 4

MAIDEN NAME: BASSON

FIRST NAMES: KATRINA

DATE OF BIRTH: 1960-07-22

TYPE OF MARRIAGE: CIVIL


DATE OF MARRIAGE: 1983-10-01

PLACE OF MARRIAGE:

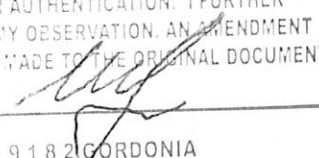
DATE OF ISSUE: 2025-10-02

ISSUED BY: YDC251

DEPARTMENT OF HOME AFFAIRS
PRIVATE BAG X5885
2025 -10- 02
UPINGTON 8800
LO UPINGTON (82)


DIRECTOR GENERAL: HOME AFFAIRS

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SIGNATURE: 

REF NO: 9182 GORDONIA

NAME IN PRINT: K I DE JAGER



2025 -10- 02

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

