



NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]

1663J294574

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

2023/02/28

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

Uppington

4.2 Province of Death/stillbirth

Uppington NC

5. Place of Registration of Death / stillbirth

Uppington DHSW

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

7. Home telephone no.

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

5111060196086

9. Age at last birthday if DOB is unknown

10. Date of Birth if there is no ID number

1951/11/06

11. Gender

11.1 Male

11.2 Female

11.3 Indeterminable

12. Surname

Van Wyk

13. Previous / Maiden Surname

14. Forenames

Christina

15. Usual* Residential Address:

Street Piet Daries Street 22 Rosedale

Town Uppington

Province NC

Postal code 8801

16. Citizenship

RSA

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

Uppington

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

(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 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, exterritorial 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.



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

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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 07 4 0730

24. Surname De Jh V

25. Forenames Dirk

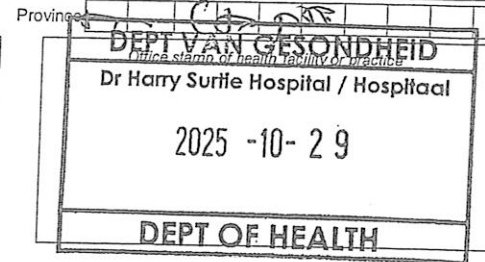
26. Name of Health Facility / Practice DR HARRY SURFIE HOSPITAL (DOSP-2A)

27. Facility / Practice No. 5600278

28. Business Address: Street CNR JUTCAR 26 - DR, VR

Town UPINGTON

Telephone No. (Office) (054) 3329052 Postal Code 9801



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 Upington

Date signed 2025 10 29

Signature [Handwritten 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

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

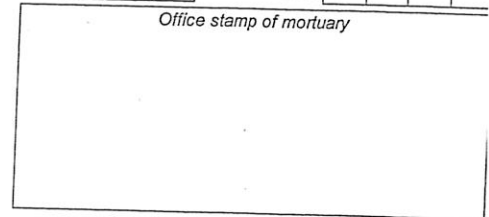
Telephone No. (Office)

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) 8808295214082

41. Date of Birth 19881029

42. Citizenship RSA

43. Surname Ortman

44. Forenames Grastus Denzil

45. Residential Address: Street Vooruitsig str 12

Town Upington

Province NC

Postal Code 9801

Telephone No. (Home) 0614981518

Cellphone No. 0603489252

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

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 [Handwritten Signature]

Date signed Y Y Y Y M M D D



Left thumb print of informant



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH
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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 THE International Funeral Society undertakers

48. DHA Designation No. UP10712002 49. Company Reg. No. 2010/088394/25

50. SARS Reg. No. (Income tax reference no.) 4780234979

Details of Funeral Undertaker or Authorised Representative

51. Identity No. (Passport No. if foreigner) 7106110088083

52. Surname DIETERSON

53. Forenames KATRINA

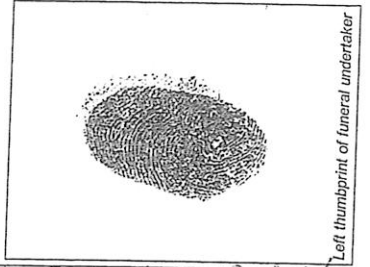
54. Business Address
Street Meideman Street 114
Town UPINGTON
Province NC Postal Code 8800

Telephone No. (Office) 0543311293 Cellphone No. 0829763962

55. Date of collection of corpse 20251028 56. Date of Cremation (if applicable) Y Y Y Y M M D D

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

58. Date of Burial 20251108 59. Grave No. (if available)



Place signed Upington

Date signed 20251029 Signature [Signature]

Name of person who collected the deceased:

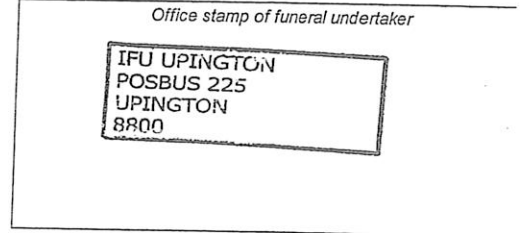
60. Identity No. (Passport No. if foreigner) 7106110088083

61. Surname DIETERSON

62. Forenames KATRINA

Place signed Upington

63. Date signed 20251029 Signature [Signature]



F. FOR OFFICIAL USE ONLY

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

64. Surname

65. Forenames

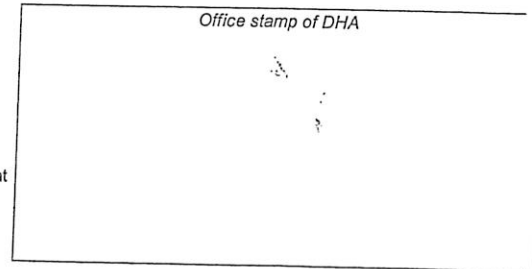
66. Persal No.

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





1663J294574

FOLD THIS P ↓

This page must be sealed after completion to ensure confidentiality

ID No. (Passport No. if foreigner) S111060196086 File no 23128085 Date 2025/10/16 BHA-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) S111060196086
68. Gender [X] 68.1 Male [] 68.2 Female [] 68.3 Indeterminable
69. Surname Van Wyk
70. Forenames CHRISTINA
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 [] 72.5 At home [] 72.6 Other (specify)
73. Name of Health Facility/Practice DASH
74. Facility Contact Telephone No. incl. Area Code 0543392067
75. Patient File No. 23128085
76. Contact Person at Facility: Surname Van Vuuren, Forenames Cleopatra, Role/Rank 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 gastroenteritis Due to (or as a consequence of)
Sequentially list conditions, if any, leading to immediate cause. b) chronic hyperthermia 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 [X] 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 [X] 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)

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

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 Y Y Y Y M M D D
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 Y Y Y Y M M D D
86. First day of last menstrual period Y Y Y Y M M D D
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: [] 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 [X] 96.3 Autopsy not performed

GLUE LINE



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

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



[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 29
Serial number of DHA-1663: 5294574 Bar-code number of DHA-1663: 16637294574

A. PARTICULARS OF DECEASED

Identity number: 511106 0196 086 Date of birth: 19 51 06
 Passport number (if foreigner): [] Date of death: 20 25 02
 Citizenship: RSA Sex: F
 Surname: Van Wyk
 Previous or Maiden surname: []
 Forenames: Christina
 Place of death: City/Town: Uppington Province: N
 Place of burial: City/Town: Uppington Province: N
 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: Kaobtsane
 Forenames: Kutlwano
 Persal No.: 29911619
 DEPARTMENT OF HOME AFFAIRS
 PRIVATE BAG X5885
 2025 -10- 29
 UPINGTON 8800
 10 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: 880879 5214 082
 If Funeral Undertaker: Designation number: []
 Signature of recipient: [Signature] Date received: 2025 10 29



home affairs

I 9595765

83/DHA - 5

Department: Home Affairs
REPUBLIC OF SOUTH AFRICA

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

ABRIDGED
DEATH CERTIFICATE

IDENTITY NUMBER: 511106 0196 08 6

SURNAME: VAN WYK

FIRST NAMES: CHRISTINA

DATE OF BIRTH: 1951-11-06

GENDER: FEMALE

MARITAL STATUS: MARRIED

DATE OF DEATH: 2025-10-28

PLACE OF DEATH: UPINGTON

CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2025-10-29

ISSUED BY: YDC544

PP tdo LO Upington
DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS
PRIVATE BAG X5885
2025 -10- 29
UPINGTON 8600
LO UPINGTON (76)



EK SERTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDRUK (AFSKRIF) IS VAN DIE OORSPRONKLIKE DOKUMENT WAT AAN MY VIR WAARNEMING VOORGELE IS. EK SERTIFISEER VERDER DAT, VOLGENS MY WAARNEMINGS, DAAR NIE 'N WYSIGING 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 Brought to me for authentication. I FURTHER CERTIFY THAT, FROM MY OBSERVATIONS, AN AMENDMENT OR CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

[Signature]
HANDTEKENING/SIGNATURE

MAGSNOMMER / FORCE NUMBER 710635-2 RANG / RANK LT

NAAM IN DRUKSKRIF / NAME IN PRINT W. M. A. J.

SUID-AFRIKAANSE P.O.
GEMEENSKAP DIENSENTRUM
ROSEDALE

2025 -10- 29

COMMUNITY SERVICE CENTRE
ROSEDALE
SOUTH AFRICAN POLICE SERVICE

GEREGISTREERDE WOON- EN POSADRES

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

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, by straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, 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, if 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. 741007 0188 08 5



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME

CHRISTIE

VOORNAME/FORENAMES

MARIA ELIA

GEBORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBORTEDATUM/
DATE OF BIRTH

1974-10-07

DATUM UITGEREIK
DATE ISSUED

2006-07-07

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS



2025-11-03

MARTIN'S FUNERALS
53 SCOTT STR. LIPINGTON
UPT2005/10
054 331 3603

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:

REF NO: 9182 GORDONIA

NAME IN PRINT: K I DE JAGER