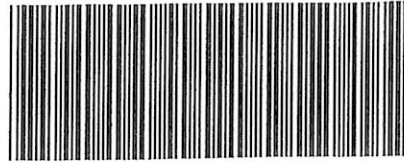




REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]
[Regulations 11 and 14]



1663I460439

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)

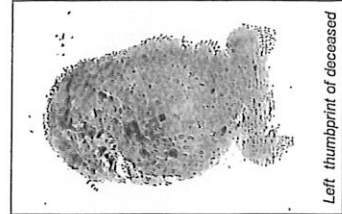
A. PARTICULARS OF THE DECEASED

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: **20251010**

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**

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

3. Identity No. (Passport No. if foreigner): **6202150209084** 9. Age at last birthday if DOB is unknown:

10. Date of Birth if there is no ID number: **19620215** 11. Gender: 11.1 Male 11.2 Female 11.3 Indeterminable

12. Surname: **ROOI**

13. Previous / Maiden Surname: **BOH**

14. Forenames: **ELIZABETH**

15. Usual* Residential Address: Street: **VYGIE STRAAT 419**

Town: **RIETFONTEIN MIER**

Province: **NORTHERN CAPE** Postal code: **8811**

16. Citizenship: **DACITIZEN**

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

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) (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): **GENERAL 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, 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
								<input checked="" type="checkbox"/>	

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.

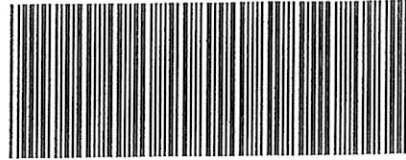


REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663I460439

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B. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

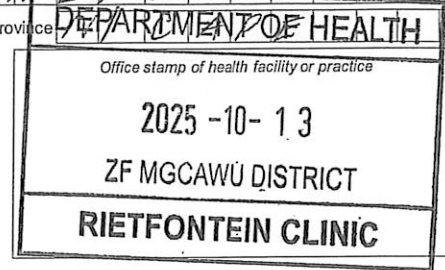
Instructions: Section B to be filled out by the same Medical Practitioner / Professional Nurse who completed Section A.

- 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. 1 4 4 5 5 3 0 7

24. Surname: ROBERT MANN
25. Forenames: HENDRIK ALBERTUS
26. Name of Health Facility / Practice: RIETFONTein CLINIC
27. Facility / Practice No. 5 6 0 0 2 7 8
28. Business Address: Street: COHENRY PABO/DAAAN SWANEPOEL STR. 113
Town: RIETFONTein MIER Province: DEPARTMENT OF HEALTH
Telephone No. (Office): 0 5 4 5 3 1 0 0 1 6 Postal Code: 8 8 1 1



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: 20251013
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.

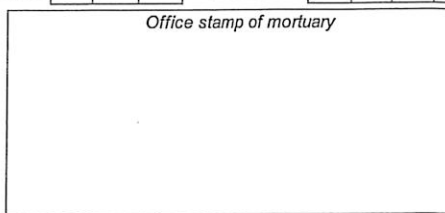
29. I, the undersigned, hereby certify that a medico-legal investigation of death has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and the cause of death is:

- 30.1 Natural
- 30.2 Unnatural
- 30.3 Under investigation

31. Date of Post-mortem: 20251013
32. Name of Medico-legal Mortuary: [Blank]
33. Mortuary No.: [Blank]
34. Mortuary Reference Number of Deceased: [Blank]
35. SAPS Case No.: [Blank]
36. Name of Police Station: [Blank]
36.1 HPCSA Registration No.: [Blank]

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

37. Surname: [Blank]
38. Forenames: [Blank]
39. Business Address: Street: [Blank]
Town: [Blank] Province: [Blank] Postal Code: [Blank]
Telephone No. (Office): [Blank]



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: [Blank]
Date signed: 20251013
Signature: [Blank]

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): 9 9 0 8 3 0 0 1 9 9 0 8 5
41. Date of Birth: 1 9 9 9 0 8 3 0
42. Citizenship: SOUTH AFRICAN
43. Surname: BOOI
44. Forenames: DADENE RIESHA
45. Residential Address: Street: VYGIESTR 419
Town: RIETFONTein MIER Province: NORTHERN CAPE Postal Code: 8 8 1 1
Telephone No. (Home): [Blank] Cellphone No.: 0 8 3 4 6 9 1 7 5 1



- 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).

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)



1663I460439

FOLD TO THIS POINT

This page must be sealed after completion to ensure confidentiality

ID No. (Passport No. if foreigner) 6202150209084 File no 7-279 Date 13/10/25 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) 6202150209084
68. Gender 68.1 Male 68.2 Female 68.3 Indeterminable
69. Surname ROOI
70. Forenames ELIZABETHA
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 RIETFontein Clinic
74. Facility Contact Telephone No. incl. Area Code 0545310016
75. Patient File No. 7-279
76. Contact Person at Facility: Surname ROATMANN, Forenames HENRIK ALBERTUS, Role/Rank PROFESSIONAL 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) ORGAN FAILURE Due to (or as a consequence of) b) c) DIABETES MELLITUS 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 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
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
DEPARTMENT OF HOME AFFAIRS

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



AA4711330

[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 15**
Serial number of DHA-1663 **1460439** Bar-code number of DHA-1663 **116631460439**

A. PARTICULARS OF DECEASED

Identity number **620215 0209 084** Date of birth **1962 02 15**
Passport number (if foreigner) **-** Date of death **2025 10 10**
Citizenship **SA CITIZEN** Sex **FEMALE**
Surname **KOOI**
Previous or Maiden surname
Forenames **ELIZABETH**
Place of death: City/Town **RIETFONTAIN** Province **NTC**
Place of burial: City/Town **RIETFONTAIN** Province **NTC**
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 of DHA)
Surname **KOKO**
Forenames **SISINJANE**
Persal No. **19420200**
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 **990830 0199 085**
If Funeral Undertaker: Designation number
Signature of recipient *Kooi* Date received **2025 11 15**

DEPARTMENT OF HOME AFFAIRS
PRIVATE BAG X5885
2025 -10- 15
UPINGTON 8800
LO UPINGTON (16)



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

I 9595318

83/DHA - 5

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

ABRIDGED DEATH CERTIFICATE

IDENTITY NUMBER: 620215 0209 08 4

SURNAME: ROOT

FIRST NAMES: ELIZABETH

DATE OF BIRTH: 1962-02-15

GENDER: FEMALE

MARITAL STATUS: MARRIED

DATE OF DEATH: 2025-10-10

PLACE OF DEATH: RIETFontein

CAUSE OF DEATH: NATURAL CAUSES

SUID-AFRIKAANSE POLISIEDIENS
STABIEBEVELVOERDER
UPINGTON
2025-10-15
UPINGTON
STATION COMMANDER
SOUTH AFRICAN POLICE SERVICE

DATE OF ISSUE: 2025-10-15

ISSUED BY: YDC227

PPA *S. Koko* *LO Upington*
DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS
PRIVATE BAG X5885
2025-10-15
UPINGTON 8800
LO UPINGTON (76)

BEVESTIGING VAN 'N WERKELIKHEIDSKOPIE (AFSKRIF) IS VAN DIE OORSPRONKELIKE DOKUMENT WAT AAN MIJ VIR WAARNEMING VOORGELEE. EK BEVESTIG VERDER DAT, VOLGENS MY WAARNEMINGS DAAR NIE 'N WYKING OF VERANDERING OP DIE OORSPRONKELIKE DOKUMENT AAN DIE BRON 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.

.....
HANDTEKENING/SIGNATURE


.....
RANG/RANK

.....
RANG/RANK


.....
NAME IN PRINT

PPA
DW P. P. P. P.

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD



Surname:
ROOI
 Names:
ELIZABETH
 Sex:
F
 Nationality:
RSA
 Identity Number:
6202150209084
 Date of Birth:
15 FEB 1962
 Country of Birth:
RSA
 Status:
CITIZEN



Signature
E. Rooi

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

Date of Issue:
21 FEB 2018

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

RSA

106204557





EK SERTIFISEER DAARBYG (DIE OORSPRONKELIKE DOKUMENT) IS VAN DIE OORSPRONKELIKE DOKUMENT WAT AANGEWENDE VOORGELE IS. EK SENDRISEEN VERGOEN DAT, VOLGENS MY WAARNEMINGS DAAR NIE 'N WYSGING OF VERANDERING OP DIE OORSPRONKELIKE DOKUMENT AANGEBRING IS NIE.

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.....
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[Signature]

MAGSNOEMMER
 FORCE NUMBER: **12251505** RANG RANG
 GRADE GRADE: **CSA**

NAAM IN DRUKSKRYF
 NAME IN PRINT: **Rooi Elizabeth**

SUID-AFRIKAANSE POLISIEDIENS
STABIEBEVELVOERDER
UPINGTON

2025 -10- 15

UPINGTON
STATION COMMANDER
SOUTH AFRICAN POLICE SERVICE



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

I 9595316

83/DHA - 5

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

IDNO. HUSBAND 600601 5217 08 7

SURNAME: ROOI

FIRST NAMES: NICOLAAS JOHANNES

DATE OF BIRTH: 1960-06-01

IDNO. WIFE: 620215 0209 08 4

MAIDEN NAME: BOCK

FIRST NAMES: ELIZABETH

DATE OF BIRTH: 1962-02-15

TYPE OF MARRIAGE: CIVIL

DATE OF MARRIAGE: 1990-12-22

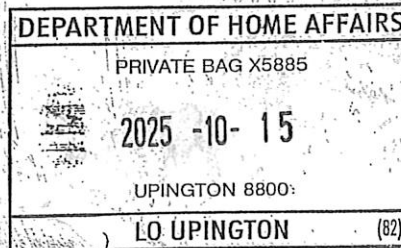
PLACE OF MARRIAGE:



DATE OF ISSUE: 2025-10-15

ISSUED BY: YDC227

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



EK SERTIFISEER DIT NIE OORSPRONKELIKE DOKUMENT WAT AAN MY VER WAARTEKEND MOET WÊ.
IS. EK SERTIFISEER VERDER DAT, VOLGENS MY WAARNEMING DAAR WYSGING OF VERANDERING OP DIE OORSPRONKELIKE DOKUMENT BRING IS NIE.

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MAGSNOMMER
FORCE NUMBER


NAAM IN DRUKSKRIF
NAME IN PRINT

TOJUSO'S
DW Ploegies

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD



Surname:
ROOI
 Names:
NICOLAAS JOHANNES
 Sex:
M
 Nationality:
RSA
 Identity Number:
6006015217087
 Date of Birth:
01 JUN 1960
 Country of Birth:
RSA
 Status:
CITIZEN



Signature:
N. J. Rooi

SUID-AFRIKAANSE POLISIEDIENS
STASIEBEVELVOERDER
UPINGTON

2025 -10- 15

UPINGTON
STATION COMMANDER

SOUTH AFRICAN POLICE SERVICE

Conditions: Date of Issue:
 This card has been issued by the **22 FEB 2018**
 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

R22466

106215671





EK SE... DIE OORSPRONKELIKE... WANNERING VOOPGELE...
 IS. EN BEWYS... WYSIGING OF VERANDERING OP DIE OORSPRONKELIKE DOKUMENT AANSE-
 BRING 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.

.....
 HANDTEKENING/SIGNATURE
 MAGSNOMMER / FORCE NUMBER: *102105* RANG / RANK: *CP*
 NAAM IN DRUKSKRIF / NAME IN PRINT: *DW Paddy*