



REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS  
NOTICE OF DEATH / STILLBIRTH  
[Births and Deaths Registration Act 51 of 1992]  
[Regulations 11 and 14]

16631462830



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: 20251029

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

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): 6708255160089

9. Age at last birthday if DOB is unknown: \_\_\_\_\_

10. Date of Birth if there is no ID number: \_\_\_\_\_

11. Gender:  11.1 Male  11.2 Female  11.3 Indeterminable

12. Surname: JORS

13. Previous / Maiden Surname: \_\_\_\_\_

14. Forenames: IZAK

15. Usual Residential Address: Street: 17 MADIBAMEG; Town: LOUISVALLEDORP; Province: NORTHERN CAPE; Postal code: 8809

16. Citizenship: SOUTH-AFRICAN

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

16.2 Province of Birth: NORTHERN CAPE

17. Marital Status of the deceased (mark with a ):  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	Gr 9	Gr 10	Gr 11	Gr 12	Univ	Tech	Known	Un-
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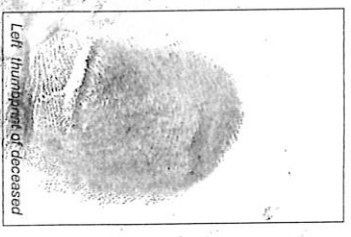
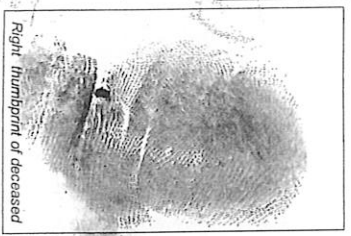
19. Usual occupation of deceased (type of work done during most of working life) (mark with a ): GENERAL WORKER

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, 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, external organisations, foreign governments & other activities not adequately defined
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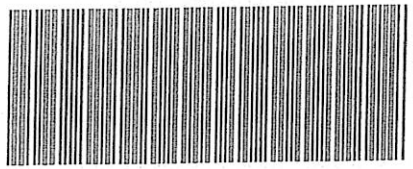
21. Was the deceased a regular\* smoker five years ago? (mark with a ):  21.1 Yes  21.2 No  21.3 Do not know  21.4 Not applicable (minor)

\* Where the deceased lived on most days. \*\*Smoking tobacco on most days.





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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:  
24. Surname: RAMPHILI  
25. Forenames: GERTRUIDA  
26. Name of Health Facility / Practice: RAASWATER PHC  
27. Facility / Practice No.: [ ]

28. Business Address: 2661 BROOKSIDE STR  
Town: RAASWATER  
Province: NORTHERN CAPE  
Telephone No. (Office): 0543351451  
Postal Code: 8809

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: RAASWATER  
Date signed: 20251030

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: [ ]  
32. Name of Medico-legal Mortuary: [ ]  
34. Mortuary Reference Number of Deceased: [ ]  
35. SAPS Case No.: [ ]

Particulars of the Medical Practitioner / Forensic Pathologist who filled out the form:  
36. Name of Police Station: [ ]  
38.1 HPCSA Registration No.: [ ]

37. Surname: [ ]  
38. Forenames: [ ]  
39. Business Address: [ ]  
Street: [ ]  
Town: [ ]  
Province: [ ]  
Postal Code: [ ]  
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: [ ]

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): 5203210172081  
41. Date of Birth: 19E20321

42. Citizenship: SOUTH-AFRICAN  
43. Surname: GEORGE  
44. Forenames: SIENNA

45. Residential Address: 17 MADIBAMEG  
Town: LOUISVALLIEDOR  
Province: NORTHERN CAPE  
Postal Code: 8809

Telephone No. (Home): [ ]  
46. The Deceased is my:  46.1 Parent  46.2 Spouse  46.3 Child  46.4 Other, Specify: NERHEM  
Cellphone No.: 0719915207

Date signed: 20251030

Signature: [Handwritten Signature]

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.)

Left thumb print of Informant

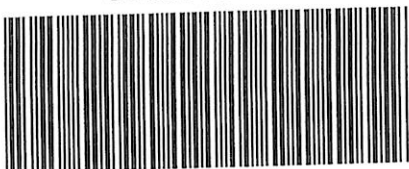




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E. PARTICULARS OF FUNERAL UNDERTAKER

Instructions: Section E to be completed by Funeral Undertaker. The undertaker must take his or her fingerprint, 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 Parour: **FOR FUNERALS**  
48. DHA Designation No.: **UPT 2199**  
49. Company Reg. No.: **0439079062**  
50. SARS Reg. No. (Income tax reference no.):

Details of Funeral Undertaker or Authorised Representative

51. Identity No. (Passport No., if foreigner): **9106130089085**

52. Surname: **APRIL**  
53. Forenames: **ANEY-LUVERNE**  
54. Business Address: **3 TENNEKE STR.**  
Town: **UPINGTON**  
Province: **NORTHERN CAPE**

Telephone No. (Office): **0543391122**  
55. Date of collection of corpse: **20251029**  
56. Date of Cremation (if applicable): **20251029**  
57. Place of Burial (City / Town / Village): **LOUISVAREDOORP**  
Province: **Y F Y M M O D**

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

Place signed: **UPINGTON**  
Date signed: **20251030**  
Signature: *[Signature]*

Name of person who collected the deceased: **CLARET**  
60. Identity No. (Passport No., if foreigner): **6002285086083**  
61. Surname: **CLARET**  
62. Forenames: **DAVID**  
Place signed: **UPINGTON**  
Date signed: **20251030**  
Signature: *[Signature]*

F. FOR OFFICIAL USE ONLY

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

64. Surname:   
65. Forenames:   
66. Peral No.:

Documents included with this notice:

Copy of the deceased's ID  
 DHA - 6 (if applicable)  
 DHA - 1680 (if applicable)  
 Funeral Undertaker

DHA-1663 was submitted by:

Office stamp of DHA

Office stamp of funeral undertaker  
**EDB BEGRAFNIS**  
HV BRUG & LE ROUXSTR.  
UPINGTON: 8800  
UPINGTON: 2/99  
SEL: 084 905 7792  
TEL: 054 339 0061  
EDBEGRAFNIS@GMAIL.COM

FOLD TO THIS POINT

### 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. All fields are compulsory. Incomplete applications and applications that are not legible may be considered invalid. The form to be completed in BLOCK LETTERS. Please mark with the CORRECT box, where required.



This page must be sealed after completion to ensure confidentiality

ID No. (Passport No. if foreigner) 67108259160089 File no. Date 2025-10-30

### 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

67. Identity No. (Passport No. if foreigner) 67108259160089

68. Gender  68.1 Male  68.2 Female  68.3 Indeterminable

69. Surname JORS

70. Forenames IZAK

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 RAASWATER PHC

74. Facility Contact Telephone No. incl. Area Code 054-3351451

75. Patient File No.

76. Contact Person at Facility: Surname RAMPHIRI Forenames GERTRUIDA 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

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

a) **DEDEMA OF LOWER LIMBS 5 MONTHS**  
 b) **SHORTNESS OF BREATH 5 MONTHS**  
 c) **CHRONIC OBSTRUCTIVE PULMONARY DISEASE**  
 d) **COR. PULMONALE**

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?  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)

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

87. Method of delivery:  
 87.1 Spontaneous  87.4 Vacuum extractor  87.5 Caesarean section  87.6 Other (specify)  
 87.2 Forceps delivery  87.3 Forceps and rotation  87.7 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 diseases or conditions affecting foetus or infant  
 d. Other maternal diseases or conditions affecting foetus or infant  
 e. Other relevant circumstances

96. Autopsy information  96.1 Certified causes of death has been confirmed by autopsy  96.2 Autopsy information may be available later  96.3 Autopsy not performed



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

ABRIDGED

DEATH CERTIFICATE

IDENTITY NUMBER: 670825 5160 08 9

SURNAME: JORS

IZAK

FIRST NAMES: IZAK

DATE OF BIRTH: 1967-08-25

GENDER: M

NEVER MARRIED

MARRITAL STATUS: NEVER MARRIED

DATE OF DEATH: 2025-10-29

PLACE OF DEATH: LOUISVALEDORP

CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2025-10-30

ISSUED BY: YDC254

CLERK OF THE COURT  
Z# MOCAMU  
2025-10-30  
PRIVAATSAK/PRIVATE BAG X5983,  
UPINGTON 8800  
MIEKE VAN DER MERWE

DEPARTMENT OF HOME AFFAIRS  
PRIVATE BAG X5983  
2025-10-30  
UPINGTON 8800  
LO UPINGTON (82)

DIRECTOR-GENERAL: HOME AFFAIRS

JORS, IZAK  
LO Upington



CERTIFIED A TRUE COPY OF THE ORIGINAL DOCUMENT  
DATE: 30.10.2025  
SIGNATURE: [Signature]

CLERK OF THE COURT  
 ZF MCGAWU  
 2025-10-30  
 PRIVAATSAK/PRIVATE BAG X5983,  
 UPINGTON 8800  
 KLEERK VAN DIE HOF

CERTIFIED A TRUE COPY OF THE  
 ORIGINAL DOCUMENT  
 DATE  
 SIGNATURE

**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.

**DECEASED**

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, by. straatnaam en/of -nommering, verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakke agter in die identiteitsdokumente saamlik word om die verandering aan te meld en moet dit ingesoor of gepos word aan die naaste streek- of distrikkantoor van die DEPARTMENT VAN BINNELANDSE SAKE.

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

GEREGISTREERDE WOON- EN POSADRES

GEREGISTREERDE RESIDENTIAL AND POSTAL ADDRESS

VOORNAAM/FORENAMES  
 JORS  
 VAN/SURNAMENAME

IZAK

GEBOORTEDISTRIK OF LAND/  
 DISTRICT OR COUNTRY OF BIRTH  
 SUID-AFRIKA

GEBOORTEDATUM/  
 DATE OF BIRTH  
 1967-08-25

DATUM UITGEREIK  
 DATE ISSUED  
 2004-03-25

UITGEREIK OF BEGAG VAN DIE  
 DIREKTEUR-GENERAAL:  
 BINNELANDSE SAKE

VERLEEN DEUR OORHOORLIKHEIT VAN DIE  
 DIREKTEUR-GENERAAL:  
 HUISSAKKE

1. D.No. 670825 5160 08 9

S.A. BURGER/S.A. CITIZEN


DECEASED



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

2025-10-31



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

