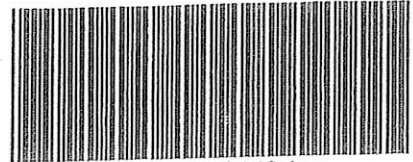


J. Swart



REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS



1663J294424

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 [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)

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? [X] 1.1 Death [ ] 1.2 Stillbirth

2. Identification of the deceased (tick one box):

[X] 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

20250928

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 SURTIS

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

7. Home telephone no.

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

7407110539087

9. Age at last birthday if DOB is unknown

10. Date of Birth if there is no ID number

19440710

11. Gender

11.1 Male

[X] 11.2 Female

[ ] 11.3 Indeterminable

12. Surname

SWART

13. Previous / Maiden Surname

SWART

14. Forenames

JOSEPHINE

15. Usual\* Residential Address:

Street SAKIYA STREET 3

Town PABALALELO

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

[X] 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
												[X]			

(mark with a [X])

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

UNEMPLOYED

20. Type of business / industry: (mark with a [X])

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, external organisations, representatives of foreign governments & other activities not adequately defined

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

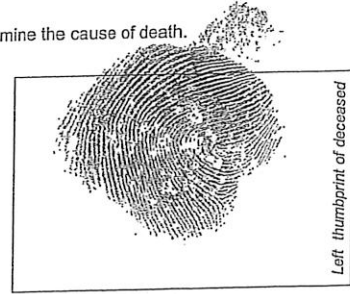
[ ] 21.1 Yes

[X] 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]



1663J294424

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)

**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. MP10791415

24. Surname SHABURU

25. Forenames RAMAZANI

26. Name of Health Facility / Practice NASH 27. Facility / Practice No. 516100278

28. Business Address: Street 26 UPT BRIVE

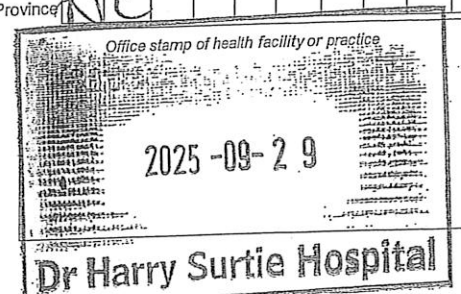
Town UPINGTON Province NC

Telephone No. (Office) 0543329113 Postal Code 8801

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 20250929

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

36.1 HPCSA Registration No.

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

37. Surname

38. Forenames

39. Business Address: Street

Town

Province

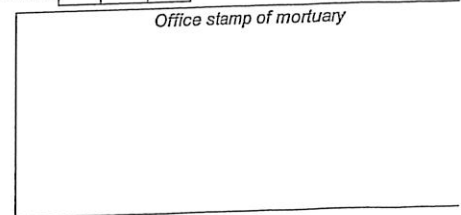
Postal Code

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 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) 88102703S8082

41. Date of Birth 19881027

42. Citizenship RSA

43. Surname SIBANYONI

44. Forenames WENBY CHARITY

45. Residential Address: Street 166 DAVIDS STREET

Town PABALGLO Province NC Postal Code 8801

Telephone No. (Home)

Cellphone No. 0825972426

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

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

Date signed 20250929





# 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  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)



1663J294424

FOLD TO THIS POINT

OLD TO POINT

**This page must be sealed after completion to ensure confidentiality**

DHA-1663 B Page 1 of 1

ID No. (Passport No. if foreigner) 7407110539087 File no 71782537 Date 25/09/29

## 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) 7407110539087

68. Gender  68.1 Male  68.2 Female  68.3 Indeterminable

69. Surname SWART

70. Forenames JOS EAHING

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 SWART

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

75. Patient File No. 71782537

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) Advanced RVD b) \_\_\_\_\_ c) \_\_\_\_\_ d) \_\_\_\_\_

Sequentially list conditions, if any, leading to immediate cause. Due to (or as a consequence of)

Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death) Due to (or as a consequence of)

Part 2 Other significant conditions contributing to death but not resulting in underlying cause given in Part 1  82.2 No  82.1 Yes

78. If a female, was she pregnant at the time of death or up to 42 days prior to death?  82.2 No  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) \_\_\_\_\_

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

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	Child
80. Identity Number	89. Type of death: <input type="checkbox"/> 89.1 Stillbirth <input type="checkbox"/> 89.2 Live birth
81. Date of Birth	90. Birth weight (in grams)
82. Age of last birthday/ DOB unknown	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: <input type="checkbox"/> 83.1 Live births <input type="checkbox"/> 83.2 Stillbirths <input type="checkbox"/> 83.3 Abortions	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
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	93. If death occurred within 24 hours after birth, number of hours alive
85. Date of last previous delivery	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)
86. First day of last menstrual period	
Or, if unknown, estimated duration of pregnancy (in completed weeks)	
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 extractor <input type="checkbox"/> 87.5 Caesarean section <input type="checkbox"/> 87.6 Other (specify)	
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	

#### 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 ( 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]

[Regulation 16]

SUID-AFRIK  
STASIEDEVELOPER  
UPINGTON AA4711285  
2025-09-29  
UPINGTON  
SOUTH AFRICAN POLICE

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 09 29  
 Serial number of DHA-1663: JR94424  
 Bar-code number of DHA-1663: 1663JR94424

A. PARTICULARS OF DECEASED

Identity number: 740711 0532 087  
 Date of birth: 1974 07 11  
 Date of death: 2025 09 28  
 Sex: FEMALE  
 Citizenship: RSA  
 Surname: STEWART  
 Previous or Maiden surname: SWART  
 Forenames: JOSEPHINE  
 Place of death: UPINGTON Province: WC  
 Place of burial: UPINGTON Province: WC  
 Cause of death: Natural  Unnatural  Under investigation

3. AUTHORITY FOR BURIAL OF CORPSE  
 I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE DOCUMENT WHICH WAS HANDED TO ME FOR ATTENTION AND I FURTHER CERTIFY THAT FROM MY OBSERVATIONS AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.  
 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.

4. FOR OFFICIAL USE ONLY  
 MAGSNOMMER: 04878091 RANG: 11017  
 FORCE NUMBER: NAAM IN DRUKSKRIE: Isma Albertus  
 registration of death approved and burial order issued: DHA-1663 received by (particulars of DHA official):

urname: ALBERTUS  
 Forenames: JOSEPHINE STEWART  
 Personal No.: 20250929  
 DEPARTMENT OF HOME AFFAIRS  
 PRIVATE BAG X5885  
 2025-09-29  
 UPINGTON 8800  
 DR. HARRY SURTIE HOSPITAL (03)

Documents included with this notice:  Copy of the deceased's ID/passport  Copy of ID document/passport of the informant  Funeral Undertaker  
 HA-1663 was submitted by:  Informant  Funeral Undertaker  
 Identity Number of Recipient: 881027 0358 082  
 Designation number: \_\_\_\_\_  
 Funeral Undertaker: \_\_\_\_\_  
 Signature of recipient: \_\_\_\_\_  
 Date received: 2025 09 29



HOME AFFAIRS

Department: Home Affairs REPUBLIC OF SOUTH AFRICA

1 5555013

83/DHA - 5

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

ABRIDGED DEATH CERTIFICATE

IDENTITY NUMBER: 740711 0539 08 7
SURNAME: SIGWADI
FIRST NAMES: JOSEPHINE
DATE OF BIRTH: 1974-07-11
GENDER: FEMALE
MARITAL STATUS: MARRIED
DATE OF DEATH: 2025-09-28
PLACE OF DEATH: UPINGTON
CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2025-09-29

ISSUED BY: YDC241

Signature of Director-General: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS
PRIVATE BAG X6885
2025-09-29
UPINGTON 8800
DR. HARRY SURTIE HOSPITAL (M)



EK SERTIFISSEER... I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION...
MAGSNUMMER: 01578091 RANG: PLOFF
NAAM IN DRUKSKRIF: TSM ALBE704

SUID-AFRIKAANSE POLISIEDIENS
STADISAVRIGVONDER
UPINGTON
2025-09-29
UPINGTON
STATION COMMANDER
SOUTH AFRICAN POLICE SERVICE



home affairs

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

I 9593811

83/DHA - 5



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

MARRIAGE CERTIFICATE

IDNO. HUSBAND 700516 5386 08 9  
SURNAME: SIGWADI

FIRST NAMES: ALFRED

DATE OF BIRTH: 1970-05-16

IDNO. WIFE: 740711 0539 08 7

MAIDEN NAME: SWART

FIRST NAMES: JOSEPHINE

DATE OF BIRTH: 1974-07-11

TYPE OF MARRIAGE: CIVIL

DATE OF MARRIAGE: 2025-03-07

PLACE OF MARRIAGE: UPINGTON



2025 -09- 3 J

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

DATE OF ISSUE: 2025-09-29

ISSUED BY: YDC241

DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS  
PRIVATE BAG X5885  
2025 -09- 29  
UPINGTON 8800-  
DR. HARRY SURTIE HOSPITAL (03)

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

**GEREGISTREERDE WOON- EN POSADRES**  
**REGISTERED RESIDENTIAL AND POSTAL ADDRESS**

Beaar die naam van die GEGEGISTREERDE WOON- EN POSADRES in hierdie kaart.

Wanneer u verander u adres of u adres van u woon- en posadres, moet u hierdie kaart verander. Die oorspronklike dokument is goetdooie om die oorspronklike dokument te verander. Hierdie kaart word gebruik om die naam van die DEPARTMENT VAN HUISSAKKE te verander.

**REGISTERED RESIDENTIAL AND POSTAL ADDRESS**

When the name of your registered residential and postal address is changed, you must change this card. The original document is good to use to change the original document. This card is used to change the name of the DEPARTMENT OF HOME AFFAIRS.

**I.D. No. 740711 0539 08 7**

**S.A. BURGER/S. A. CITIZEN**

**VAN/SURNAM**  
SWART

**VOORNAAM/FORENAME**  
JOSEPHINE

**GEBOORTEDATUM/DATE OF BIRTH**  
1977-07-11

**GEBOORTELAND/DISTRICT OR COUNTRY OF BIRTH**  
SUID-AFRIKA

**GEBOORTEDATUM/DATE OF BIRTH**  
1977-07-11

**DATE ISSUED**  
1993-11-11

**UTREKSEL VAN REKORD VAN DIE OORSPRONKELIKE GEGEGENHEDE**

**REPRODUCTION OF THE ORIGINAL RECORD**

**ISSUED BY AUTHORITY OF THE DIRECTOR GENERAL OF HOME AFFAIRS**

**DECEASED**

**SUID-AFRIKAANSE POLISIEDIENS**  
**STASIEBEVELVOERDER**  
**UPINGTON**

**2025-09-29**

**UPINGTON**  
**STATION COMMANDER**  
**SOUTH AFRICAN POLICE SERVICE**

**IK BEVESTIG DAT HIERDIE DOKUMENT 'N WARE AFDRUK (AFSKRIF) IS VAN DIE OORSPRONKELIKE DOKUMENT WAT AAN MY VIR WAARNEMING VOORGELEE IS. IK BEVESTIG VERDER DAT VOLGENS MY WAARNEMINGS DAAR NIE 'N WISSING OF VERANDERING OP DIE OORSPRONKELIKE DOKUMENT AANGEKOMEN IS.**

**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**  
*[Signature]*

**MAGSNOMMER / FORCE NUMBER** 04598091 **RANG / RANK** P107

**NAAM IN DRUKSKRIF / NAME IN PRINT** TSM 72809W



**COPY OF  
ORIGINAL**

Engela Elizabeth Spangenberg  
71 Market Street, Upington 8901  
Commissioner of Oaths  
Director: KSG  
Ref. 9 1 8.2 Upington  
4 July 2005

*Spangenberg*

30/9/25