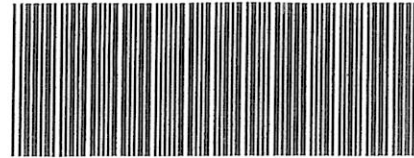




REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS



NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]

1663J294317

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

20 25 10 03

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

UPINGTON

4.2 Province of Death/stillbirth

NC

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)

5212215167087

9. Age at last birthday if DOB is unknown

10. Date of Birth if there is no ID number

YY Y Y M M D D

11. Gender

11.1 Male

11.2 Female

11.3 Indeterminable

12. Surname

CLOUTIG

13. Previous / Maiden Surname

14. Forenames

JOHANNES

15. Usual* Residential Address: Street

20 JAKOB LELIE STREET

Town

LOUISERAFLEG UPINGTON

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 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

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

21.1 Yes

21.2 No

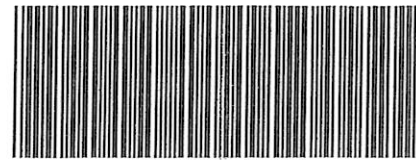
21.3 Do not know

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:

23. HPCSA Registration No. MP0791415

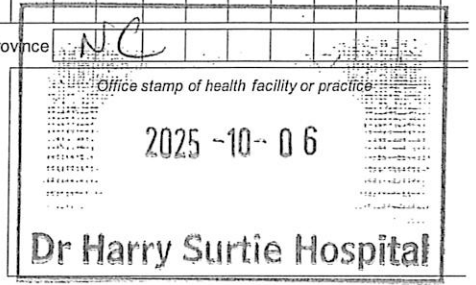
24. Surname SHABURU

25. Forenames RAMAZANI

26. Name of Health Facility / Practice SAH 27. Facility / Practice No. 5600278

28. Business Address: Street 26 UPT DRIVE 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 20251006

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 _____ 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) 5010060681081 41. Date of Birth Y Y Y Y M M D D

42. Citizenship RSA

43. Surname CLAUDE

44. Forenames SOPIE

45. Residential Address: Street 20 JAKOBUSHELIG STREET Town LOUISEVALENEG Province NC Postal Code 8801

Telephone No. (Home) _____ Cellphone No. 0604195217



- 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 S. Clauete

Date signed 20251006

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)



1663J294317

GLUE LINE

FOLD TO THIS POINT

This page must be sealed after completion to ensure confidentiality

ID No. (Passport No. if foreigner) 5212215167087 File no 23786593 Date 2025/10/06 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) 5212215167087
68. Gender [X] 68.1 Male [] 68.2 Female [] 68.3 Indeterminable
69. Surname CLOUTIER
70. Forenames JOHANNES
71. Population Group [] 71.1 African [] 71.2 White [] 71.3 Indian/Asian [] 71.4 Coloured [X] 71.5 Other (specify)
72. Place of Death [X] 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 ORHA ERV BURT ZELHO SPITA
74. Facility Contact Telephone No. incl. Area Code 0543329114
75. Patient File No. 23786593
76. Contact Person at Facility: Surname HOEN Forenames HENIA Role/Rank ADMIN 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) PTB Due to (or as a consequence of) days
Sequentially list conditions, if any, leading to immediate cause. b) Accidate Due to (or as a consequence of) chronic
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? () 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 [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)

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 [] []
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 [] []
Or, if unknown, estimated duration of pregnancy (in completed weeks) [] []
87. Method of delivery: [] 87.1 Spontaneous [] 87.4 Vacuum extractor
[] 87.2 Forceps delivery [] 87.5 Caesarean section
[] 87.3 Forceps and rotation [] 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 ()
[] 96.1 Certified causes of death has been confirmed by autopsy [] 96.2 Autopsy information may be available later [] 96.3 Autopsy not performed

GLUE LINE

GLUE LINE

GLUE LINE



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

I 9594468

83/DHA - 5

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

ABRIDGED DEATH CERTIFICATE

IDENTITY NUMBER: 521221 5167 08 7
 SURNAME: CLOETE
 FIRST NAMES: JOHANNES
 DATE OF BIRTH: 1952-12-21
 GENDER: MALE
 MARITAL STATUS: MARRIED
 DATE OF DEATH: 2025-10-03
 PLACE OF DEATH: UPINGTON
 CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2025-10-06

ISSUED BY: YDC533

RP RB LO UPINGTON
 DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS	
PRIVATE BAG X5885	
2025 -10- 06	
UPINGTON 8800	
LO UPINGTON	(82)



2025 -10- 07

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

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

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
CLOETE

Names:
JOHANNES

Sex:
M

Nationality:
RSA


Identity Number:
5212215167087

Date of Birth:
21 DEC 1952

Country of Birth:
RSA

Status:
CITIZEN

DECEASED



Signature: _____



2025 -10- 07

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 53 SCOTT STR, UPINGTON
 UPT2005/10
 054 331 3603

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 OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

SIGNATURE: _____

REF NO: 9 1 8 2 GORDONIA
 NAME IN PRINT: K I DE JAGER

Conditions: _____ Date of Issue:
18 SEP 2023

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

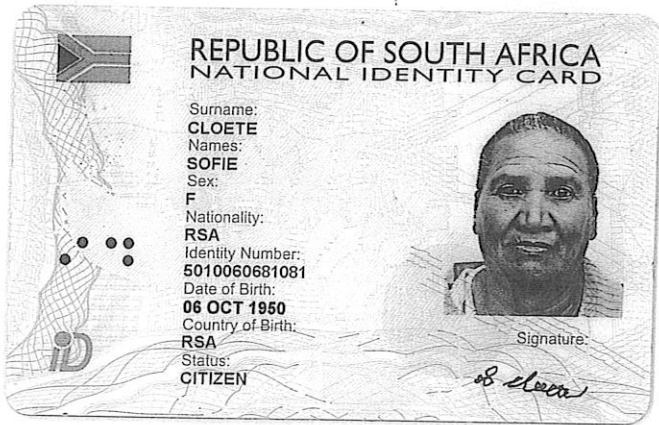
If found please return to the Department of Home Affairs
 For enquiry or verification purposes contact 0800 60 11 80

17511

121385246







2025 -10- 07

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054 331 3603

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